

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 JAN -7 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000112974

1. Limited Liability Company's Name

Crossover Investments, LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

1 SE 3rd Avenue

3. Mailing Office Address

1 SE 3rd Avenue

Suite, Apt. #, etc

Ste 1820

Suite, Apt. #, etc.

Ste 1820

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified To Do Business in Florida

11/8/07

6. FEI Number

26-1429146

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status.

8. Name and Address of Current Registered Agent

Name

Hy Vavpen, Mgrm.

Street Address (P.O. Box Number is Not Acceptable)

1 SE 3rd Avenue

Suite, Apt. #, Etc.

Ste 1820

City

Miami

State

FL

Zip Code

33131

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/4/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>mgrm</u>	<u>Hy Vavpen</u>	<u>1 SE 3rd Ave, Ste 1820</u>	<u>Miami, FL 33131</u>

11. E-mail Address:

hvavpen@vavpenfinancial.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

[Signature]

Date

1/4/10

Daytime Phone #

305-379-1171

Typed or printed name of signing Managing Member/Manager

Hy Vavpen

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